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CONFIRMATION NO. 7484

<b>SERIAL NUMBER</b> 10/644,265 ✓	<b>FILING OR 371(c) DATE</b> 08/19/2003 <b>RULE</b> ✓	<b>CLASS</b> 424 ✓	<b>GROUP ART UNIT</b> 1616 ✓	<b>ATTORNEY DOCKET NO.</b> 0056.11
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/862,764 05/21/2001 PAT 6,638,495 and is a DIV of 09/218,212 12/22/1998 PAT 6,309,623  
 and is a CON of PCT/US98/20615 09/29/1998 ✓  
 and is a CIP of 09/133,848 08/14/1998 ABN ✓  
 and is a CIP of 09/106,932 06/29/1998 ABN ✓  
 which claims benefit of 60/060,337 09/29/1997 ✓

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
~~PCT/US98/20615~~

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 11/13/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	<b>STATE OR COUNTRY</b> CA ✓	<b>SHEETS DRAWING</b> 4 ✓	<b>TOTAL CLAIMS</b> 150 101	<b>INDEPENDENT CLAIMS</b> 7 6
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**ADDRESS**  
21968 ✓

**TITLE**  
Stabilized preparations for use in metered dose inhalers ✓

<b>FILING FEE RECEIVED</b> 3584	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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